

**FEDERAL AVIATION ADMINISTRATION
REQUEST FOR RESTORATION OF FORFEITED ANNUAL LEAVE**

(Please type or print)

Employee Name: _____ **Routing Symbol:** _____

Social Security Number: _____ **# of restored hours requested:** _____

Dates of scheduled/approved leave: _____ **# of hours:** _____

(Attach copies of SF-71's for scheduled and approved leave that was canceled.)

Check reason for restoration (refer to Order 3600.4, Paragraph 15c for criteria):

___ **Sickness** - scheduled annual leave could not be taken or rescheduled due to sickness.

___ **Exigency of public business** - scheduled annual leave could not be taken or rescheduled due to urgent and critically important work requirements.

___ **Administrative Error** - annual leave was forfeited due to documented administrative error. Explain the circumstances supporting restoration (e.g., dates that annual leave was originally scheduled, dates of sickness, nature/criticality of exigency, nature of administrative error, etc.):

Signature: _____ **Date:** _____

Supervisor's Recommendation

___ Recommend approval. The forfeited annual leave meets the requirements for restoration.

___ Recommend disapproval. A statement of the reason(s) is attached.

Supervisor's Name: _____ **Routing Symbol:** _____

Signature: _____ **Date:** _____

Approving Official's Decision

___ Request approved. The forfeited annual leave meets the requirements for restoration.

___ Recommend disapproved. A statement of the reason(s) is attached.

Approving Official's Name: _____ **Routing Symbol:** _____

Signature: _____ **Date:** _____

NOTE: Upon approval, send this document along with any appropriate supporting documentation to the servicing payroll office. Any restored annual leave must be used within two years after the date of restoration or it is again forfeited with no further right to restoration.